



City of St. Charles, Missouri  
Human Resources Department  
200 North Second Street  
St. Charles, Missouri 63301  
Phone: (636) 949-3232  
Fax: (636) 940-4606  
www.stcharlescitymo.gov

File # \_\_\_\_\_  
Active Until \_\_\_\_\_

## City of St. Charles Application for Employment

Please complete all questions to be considered for employment. Completed applications will remain active for one year from the date received. Candidates must contact Human Resources should they wish to be considered for a position other than the one for which they originally applied.

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Present Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Specific position applied for \_\_\_\_\_ e-Mail \_\_\_\_\_

\_\_\_\_\_ ☐ Full-Time ☐ Part-Time ☐ Second Shift ☐ Third Shift

\_\_\_\_\_ ☐ Temporary/Seasonal ☐ Rotating Shift

If employee referral, please provide employee name \_\_\_\_\_

To the best of your knowledge, would you be able to perform all the essential functions of this position with or without reasonable accommodation? ☐ Yes ☐ No

If no, which functions would be inhibited? \_\_\_\_\_

**APPLICANTS REQUIRING DISABILITY-RELATED ACCOMMODATIONS FOR INTERVIEWS SHOULD REQUEST THEM IN ADVANCE.**

Days Available \_\_\_\_\_ Hours Available \_\_\_\_\_

Date Available for Work \_\_\_\_\_ Location(s) \_\_\_\_\_

Will you work overtime if asked? ☐ Yes ☐ No

Will you work weekends if necessary? ☐ Yes ☐ No

Do you have a dependable means of transportation? ☐ Yes ☐ No

Can you travel if the job so requires? ☐ Yes ☐ No

Are you 18 years of age or older? ☐ Yes ☐ No

If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you been employed by us before? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Have you applied/tested for employment with us previously? ☐ Yes ☐ No Date and Position \_\_\_\_\_

Do you have relatives employed by the City? ☐ Yes ☐ No If yes, name and relationship \_\_\_\_\_

Would you be engaged in any other business while in our employment? ☐ Yes ☐ No If yes, in what capacity? \_\_\_\_\_

How did you learn of this job with the City of St. Charles? ☐ City Website ☐ Newspaper Ad ☐ Job Board (please specify)

☐ Current/Former City Employee ☐ Friend ☐ Other \_\_\_\_\_

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Are you a U.S. citizen, or can you demonstrate eligibility to work in the United States? \* ☐ Yes ☐ No

Have you ever been convicted, pleaded guilty, or pleaded "No Contest" to a felony? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Have you ever been discharged or asked to resign by a former employer? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Have you ever been disciplined for tardiness or absenteeism by a former employer? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

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***The City of St. Charles hires only United States citizens and lawfully authorized alien workers. Proof of citizenship or immigration status is required for employment. Any applicant who cannot present documentation for employment eligibility and identity cannot be hired.***

***Conviction of a crime will not necessarily disqualify an applicant from employment with the City of St. Charles.***

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Are you a Veteran of the U.S. Military Service? ☐ Yes ☐ No Branch \_\_\_\_\_

Please indicate the languages you speak, read and/or write in the boxes below by inserting the name of each language under the appropriate assessment of your skill level:

	<b><i>FLUENT</i></b>	<b><i>GOOD</i></b>	<b><i>FAIR</i></b>
<b><i>SPEAK</i></b>			
<b><i>READ</i></b>			
<b><i>WRITE</i></b>			

Please list three (3) persons we may contact concerning your professional abilities and experiences – *please do not include relatives unless they were your employers. Supervisors are preferred.*

<b><i>NAME</i></b>	<b><i>POSITION</i></b>	<b><i>COMPANY/ADDRESS</i></b>	<b><i>TELEPHONE #</i></b>

## **HISTORY OF EMPLOYMENT**

Please list all positions you have held within the last fifteen years (including temporary, regular, and part-time) in date order, with the most recent first. Include any verifiable work experience you may have performed on a volunteer basis and military service if applicable. **NOTE:** Please fill in all blanks. It is acceptable to write "See Resume" in the block for "brief job description" only. Failure to complete the application in full could result in not being considered for employment.

**FAILURE TO INCLUDE ALL INFORMATION REGARDING DISMISSAL OR FORCED RESIGNATION, OR FALSIFIED INFORMATION ON THE APPLICATION, WILL RESULT IN THE CANDIDATE BEING DISQUALIFIED FROM CONSIDERATION OR POTENTIALLY TERMINATED FROM EMPLOYMENT IF DISCOVERED AFTER AN OFFER IS EXTENDED.\***

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**MOST RECENT EMPLOYER**

Are you currently working for this company? ☐Yes ☐No If yes, may we contact? ☐Yes ☐No

Indicate if this position is ☐Full-Time ☐Part Time ☐Temporary ☐Seasonal

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Brief Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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**EMPLOYER**

Are you currently working for this company? ☐Yes ☐No If yes, may we contact? ☐Yes ☐No

Indicate if this position is ☐Full-Time ☐Part Time ☐Temporary ☐Seasonal

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Brief Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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**EMPLOYER**

Are you currently working for this company? ☐Yes ☐No If yes, may we contact? ☐Yes ☐No

Indicate if this position is ☐Full-Time ☐Part Time ☐Temporary ☐Seasonal

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Complete Address \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Starting Position \_\_\_\_\_ Ending Position \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Beginning Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Brief Job Description \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

***\*If more space is required to adequately describe your experience, attach full sheets and write on each sheet your name and the title of the position for which you are applying.***

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**If you were employed under a different name in any of these positions, please provide name and applicable company:**

\_\_\_\_\_

Do you participate in any professional, trade, business and/or civic activities or organizations? ☐Yes ☐No

If so, please list, and list also any offices held \_\_\_\_\_

Do you possess a valid driver's or chauffeur's license in the State of Missouri? ☐Yes ☐No

License number \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Driver License Class \_\_\_\_\_

Endorsements \_\_\_\_\_

Does your license have any restrictions? ☐Yes ☐No

If so, what? \_\_\_\_\_

Special skill qualifications \_\_\_\_\_

## EDUCATIONAL BACKGROUND

	<i>Elementary</i>	<i>High School</i>	<i>College/University</i>	<i>Graduate/Professional</i>
<i>School Name</i>				
<i>Yrs Completed (Circle)</i>	<i>4 5 6 7 8</i>	<i>9 10 11 12</i>	<i>1 2 3 4</i>	<i>1 2 3 4</i>
<i>Diploma/Degree</i>	N/A			
<i>Course of Study</i>	N/A	N/A		
<i>TOTAL CREDIT HRS</i>	N/A	N/A		

### HONORS RECEIVED:

List the following certifications if applicable:

	<i>DATE COMPLETED</i>	<i>WHERE COMPLETED</i>
<i>MO Div. of Safety Certification Firefighter I&amp;II</i>		
<i>MO State Certification EMT Paramedic</i>		
<i>MO Class A P.O.S.T. CERT</i>		

### HONORS RECEIVED:

Other training, education or certifications

Specialized Training:

Apprenticeship:

Other Certifications:

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## CERTIFICATION AND ACKNOWLEDGEMENT OF UNDERSTANDING

*Please read carefully before signing*

It is understood that the submission and consideration of this application is not an obligation on behalf of the City of St. Charles to provide employment.

If employed by the City of St. Charles, I understand and agree that such employment is subject to all City policies and procedures.

I hereby authorize the City of St. Charles to investigate the information contained herein, and I hereby release all references, previous employers and educational institutions from damages resulting from providing such information.

The City of St. Charles has adopted a Drug-Free Workplace/Workforce policy. In compliance with this policy I understand that I may be required, either before or at any time after employment, to submit to urine testing and/or other medical examination for controlled substance abuse and/or illegal drug use. Said testing and/or examination will be conducted by a health facility, medical or testing clinic or laboratory, or physician as selected and paid for by the City of St. Charles. I further acknowledge and understand that, should such test results show the presence of controlled substance abuse and/or illegal drug use, employment with the City of St. Charles may be denied or terminated.

I understand that, if employed by the City of St. Charles, I will be subject to the terms of City policy for the maintaining of a Drug-Free Workplace/Workforce policy. Therefore, I hereby agree to sign any documents deemed necessary to permit the release of and disclosure to the City of St. Charles of any testing and/or medical examination for controlled substance abuse or illegal drug use.

I agree to provide proof of my eligibility to work as required by The Immigration Reform and Control Act of 1986.

I understand that this employment application and any other City documents are not contracts of employment, and that if hired, I may voluntarily leave employment and may be terminated by the City at any time for any reason.

I certify that any and all information contained in this application and the accompanying resume is correct and complete to the best of my knowledge and belief. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE CITY OF ST. CHARLES IS AN EQUAL OPPORTUNITY EMPLOYER.** It is the policy of the City that all applicants for employment shall be given fair and equal consideration, regardless of race, religion, color, gender, age, sexual orientation, disability, veteran status or national origin, *except that minimum age limits imposed by law are to be observed.* If selected for employment a prospective employee must provide satisfactory references for the City and meet our applicable pre-employment qualifications.

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### DO NOT WRITE BELOW THIS LINE

Start Date \_\_\_\_\_ ☐ Full-Time ☐ Part-Time

Location \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Exempt or Non-Exempt \_\_\_\_\_